

**REQUEST FOR COMPASSIONATE LEAVE**To: \_\_\_\_\_ Date: \_\_\_\_\_  
*Supervisor*From: \_\_\_\_\_ ( \_\_\_\_\_ ) Department: \_\_\_\_\_  
*Employee (Employee ID)*

My physician has advised me that I will be unable to return to work for an indefinite, extended period due to a non-job related, seriously incapacitating illness or injury.

Description of medical condition (facts which support this request): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

I will exhaust my paid leave balance, including medical leave, vacation and compensatory time, on \_\_\_\_\_.

I, therefore, request consideration under the provisions of the City of Tempe Compassionate Leave Policy. I understand that any contributions made on my behalf are strictly voluntary and that there is no entitlement to Compassionate Leave.

Should I receive Compassionate Leave, I understand that I will be required to provide periodic updates from my physician concerning my estimated recovery/return to work in order to maintain eligibility for such leave. Furthermore, I understand that any employee not working his/her regular schedule for medical reasons shall be required to comply with the reasonable terms of any provider prescribed treatment plan. Failure to do so could subject the employee to discipline, up to and including termination.

I understand that any unused leave contributed on my behalf will be returned to the donors.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor:** Please forward completed form to Human Resources.

Note to employee: You will be required, every 30 days, to furnish your supervisor with reports (verbal or written) of your status and intent to return to work. You will also be required to present a fitness for duty certificate to your supervisor upon returning to work.

**HR Use Only**

Date Received: \_\_\_\_\_